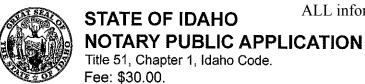
This sample document is for informational purposes only.

ALL information on a notary application is unique to each applicant.



Do not use the information in this document on your application.

Submit your signed notary bond with this application.

	* *				
CHECK ONE: New Appointment	E: New Appointment Reappointment of commission number:			59971	
Former Name: If previously commissioned FO	RMER Last Name:		FORMER Firs	l Name:	
in Idaho under a different name.					
Is this notary appointment required for your of the structure of the struc	government job as a city is application.	, county, or s	state employee	? 🔀	Yes No
If yes, enter agency name:	Secretary of State	·	Agency pho	one: 208	8-332-2849
Part 1. Applicant Information: Enter your provided in this application will be public record.					information
Last Name: Harvey	First Name: Jeffrey	ľ	Aiddle Name or Initial (if S	used);	Suffix (Jr., Sr., ect.):
Email Address (for future correspondence or information):	(Joine)			time Phone Numb	er.
jharvey@sos.idaho.gov				208-33	32-2849
Physical Address (not a PO Box): 450 N. 4th Street		City:			ocode:
Name and Mailing Address (if different from physical address):		Boise			3702 pcode:
Secretary of State PO Box 83720		Boise			3720-0080
Part 2. Bond Information: Enter bonding co	ompany, and bond number (0,20 0000
Bonding Company Name: Notary Bond Provider			Bon	d Number:	-67000
Part 3. Qualifications: Mark the below state	ments "True" or "False"		Part / Soa		567890 Stamp the notary
NOTE: If the applicant cannot truthfully mark "Tr		she is	seal that you p		
not eligible to hold the office of Notary Public, and	d should proceed no further	with this		-4111122	
application.				HAA	Vanage
1. I am at least eighteen (18) years old today.	∑ ⊺	_		A	C / 1
2. I am a resident of Idaho or am employed or do	<u></u>	_		OTAK	
3. I am able to read and write the English language.					
 4. I have not been convicted of a serious crime in the past ten (10) years. ☐ True ☐ False 5. I have not been removed from the office of Notary Public for official ☐ True ☐ False 					
misconduct, in the past ten (10) years.					
Part 5. OATH OF OFFICE: Swear (or affirm) and sign this oath in the presence of a commissioned notal from the presence of a commission of the presence of the pres					
Joffroy C Harvoy					
complete, and correct; that I have carefully read th	solemly swear (or affirm) th				
the Constitution of the United States and the Cons	stitution and laws of the Sta	na r am iamii te of Idaho: an	iar with their pr id that I will fait	ovisions; tha hfully perfo	It I WIII Upnoid rm to the best
of my ability, the duties of the office of Notary Pub	olic, and I do hereby volunta	rily submit m	yself to the cont	inuing juris	diction of the
courts of the State of Idaho, and the the processes	thereof.	,	•		
Applicant Signature:	land	Т	his block for Secr	etary of State	use only.
10/			ar no entro		· ,
State of Idaho 1/1 1/1			นที่ระบบในวิธีสุดให้		ter .
County of KWH)	VEIL	. 2			
Subscribed and sworn (or affirmed) before me this 12 day of 14 day.	NOTAL BLIC				ter E
Shey Dome	NOT NOT THE		1. PH		
(Motary Public Signature) My commission expires on 8-25,20 <u>7</u> .	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Rev. 07/2016
